

FAN the FIRE YOUTH RALLY at St. Joseph Church, York, PA – NOV. 15, 2008

LIABILITY/MEDICAL RELEASE FORM – YOUTH PARTICIPANT

ONE FORM MUST BE COMPLETED FOR EACH YOUTH ATTENDING!

Participant's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Phone# _____

E-mail _____

Group Name _____ City/State _____

Group Leader's Name _____

PARENT/GUARDIAN

I, _____ (name), give permission to my above-named son/daughter to attend the Fan the Fire® Youth Rally to be held on November 15, 2008 at St. Joseph Church in York, PA. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve St. Joseph Roman Catholic Church and the Catholic Youth Ministry Group of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. Joseph Roman Catholic Church in York PA, or the Catholic Youth Ministry Group liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all rules and regulations stated by St. Joseph Church and the Fan the Fire® youth rally staff. I understand that St. Joseph Roman Catholic Church nor the Catholic Youth Ministry Group will not be held liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the youth rally at my expense.

I give permission to St. Joseph Church and the Catholic Youth Ministry Group to photograph, videotape and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities and programs of the Fan the Fire® Youth Rally. I understand that specific names of any individual participant will not be used with any photos used for these stated purposes. I understand that I and my child are not entitled to any compensation or rights in these materials, and I release St. Joseph Church and the Catholic Youth Ministry Group from any liability for the use of my child's image for the above stated purposes.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ Date _____

Family Physician _____ Phone# _____

Allergies (be specific) _____

Current Medications _____

Medical History (be specific) _____

Medical Insurance Provider _____ Insurance # _____

In case of emergency, please contact:

Name _____ Phone#: _____

Address _____

Work Phone # _____ Cell Phone # _____